Best Available Copy

| · | PATENT A | PPLICATION Effective | 09/547664 | | | | | | | | |
|--|---|--|--------------------------|---|------------------|--------------|-----------|------------------------|-----------------|-----------------------|------------------------|
| CLAIMS AS FILED - PART I (Column 1) (Column 2) | | | | | | SMA | | YTITY | OR | OTHER SMALL I | |
| FOI | R | NUMBE | IMBER FILED NUMBER EXTRA | | | RAT | E | FEE | | RATE | FEE |
| BAS | SIC FEE | | | | | | | 345.00 | OR | | 690.00 |
| тот | TAL CLAIMS | /(| minus 20 | 0= • | | X\$ 9 | X\$ 9= | | OR | X\$18= | |
| IND | EPENDENT CLA | AIMS 9 | minus 3 | minus 3 = * | | | X39= | | OR | X78= | 468 |
| MUL | TIPLE DEPEN | DENT CLAIM PR | RESENT | | | +130 |)= | · | OR | +260= | |
| * If the difference in column 1 is less than zero, enter "0" in column 2 | | | | | | | AL | | OR OR | TOTAL | 1158 |
| | CLAIMS AS AMENDED - PART II | | | | | | OTHER TH | | | | |
| | | | | (Column 3) | SMA | | NTITY | OR | SMALL | | |
| AMENDMENT A | | CLAIMS REMAINING AFTER AMENDMENT | | HIGHEST NUMBER PREVIOUSLY PAID FOR | PRESENT EXTRA | RAT | | ADDI- FEE | | RATE | ADDI- TIONAL FEE |
| NDW | Total | 6 | Minus | 20 | = | X\$ 9 |)= [| | OR | X\$18= | |
| ME | Independent | • 9 | Minus | 9 | <u> </u> | X39 | = | ٠ | OR | X78= | |
| | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM | | | | | +130 |)= | | OR | +260= | i. |
| | | | | | | TO ADDIT. | TAL | | OR | - TOTAL ADDIT, FEE | |
| | 11 | (Column 1) | | (Column 2) | (Column 3) | ווטטוו. ו | | | | AJUII. FEE | |
| NOMENT B | ý , | CLAIMS REMAINING .AFTER AMENDMENT | | HIGHEST NUMBER PREVIOUSLY PAID FOR | PRESENT EXTRA | RAT | | ADDI- FEE | | RATE | ADDI- TIONAL FEE |
| Z Q | Total | • | Minus | ** | = | X\$ 9 |)= | | OR | X\$18= | |
| AME | Independent | • | Minus | *** | = | X39 | = | | OR | X78= | |
| Ľ | FIRST PRESE | NTATION OF M | ULTIPLE DEP | ENDENT CLAIM | | 400 | \Box | | | .000 | |
| | | | | ; | | +130 |)= TAL | ·- | OR. | +260= | |
| | | | | | | ADDIT. | FEE L | A | OR _. | ADDIT. FEE | |
| | (Column 1) (Column 2) (Column 3) CLAIMS HIGHEST | | | | | | | | | | |
| AMENDMENT C | | REMAINING AFTER AMENDMENT | | NUMBER PREVIOUSLY PAID FOR | PRESENT EXTRA | RAT | | ADDI- TIONAL FEE | | RATE | ADDI- TIONAL FEE |
| S S | Total | | Minus | ** | = | -X\$ 9 | =-[- | | OR | X\$18= | |
| ME | Independent | • | Minus | *** | = | X39 | _ | : | OR | · X78= | |
| L | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM | | | | | | \dashv | | | | |
| · | f the entry in eater | mn 1 ie lees than t | he entry in colu | nn 2 write "11" in ~ | olumn 3 | +130 | | | OR | +260= | <u></u> |
| •• | " If the entry in column 1 is less than the entry in column 2, write "0" in column 3. " If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ADDIT. FEE ADDIT. FEE | | | | | | | | | | <u></u> |
| ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1. | | | | | | | | | | | |

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NOTICE OF FILING / CLAIM FEE(S) DUE (CALCULATION SHEET)

APPLICATION NUMBER: 09 547664

Total Fee Calculation

| | Fee Cade | Total # Claims | Number Extra | X | Fcc | Fec | _ | Total |
|---|---------------------|-------------------|-----------------|---|-------------|-------------|---|---------------|
| | Sm./Lg. | | | | Sm. Entity | Lg. Entiry | | |
| Basic Filing Fee | 201/101 | 1/ | | | | | - | 640 |
| Total Claims >20 | 203/103 | -20 - | x | (| | | | |
| Independent Claims >3 | 202/102 | <u>4</u> .1 - | BO X | : | | | - | 468 |
| Mult. Dep Claim Present | 204/104 | | | | | | | \rightarrow |
| Surcharge | 205/105 | • | | | | | - | 130 |
| English Translation | 139 | | | | | | | |
| TOTAL FEE CALCULA | | | | | | | | |
| Total Filing Fees Due | = 5 | 12 | 88 | | | | | |
| Less Filing Fees Subm | iined - S | Q. |) | | | | | |
| BALANCE DUE Aulask Office of Initial Patent | = S_ Examination | 1288 | | | | | | |